

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 582327

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3		1				
4		2				
5						
6						
7		2				
8						
9						
10		3				
11						
12		1				
13		2				
14						
15		1				
16		2				
17						
18		1				
19		2				
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21		1				
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50						
TOTAL IND.	8		↓		↓	↓
TOTAL DEP.	91	←	←	←	←	←
TOTAL CLAIMS	29	↓	↓	↓	↓	↓

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						